PTO/SELOS (08-03)
Approved for use through 7/31/2008, ONES 0851-0003
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Penerwork Reduction Act of 1985, no persons are required to respond to a collection of information unless it displays a voild ONB control number.												
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-878								100	TESS	886		
0/6												
CUAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL	ENTITY	OR.	OTHER THAN SMALL ENTITY			
FOR NUMBER FILED NUMBER EXTRA			SER EXTRA		RATE	FEE] ;	RATE	FEE			
ST CFR LIST(I) TOTAL CLAUMS							8	OR		5000		
(D) CPR 1.18(4)	14	4 minus 20 = · —		~	1	×		OR	X \$	-		
(DY CFR LIGHT)		codours 8 . C			1	×		OR	X 8	-		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(5))						+8=		OR	+=			
"If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	790		
CLAIMS AS AMENDED - PART II												
HMDT (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHEI SMALL	R THAN ENTITY		
* 1/10/	REMAINING		HIGHEST HUMBER	PRESENT]	RATE	ADDI		RATE	ADD4		
MA Logar Lings and L	APTER AMEHOMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE	\		TRONAL • FEE		
O CONTROLLED	1.5	Mines	30			:9-		OR	× 6×			
CONTRACTOR CONTRACTOR	1	Minus	3	<u> - </u>	1	x 8 _ 2		OR	x e			
FRIST, PRESENTATION OF MULTIPLE DEPENDENT CLASM (37 CFR 1.1(4))						+8		OR	+8			
						TOTAL ADDL FEE		OR	TOTAL ADDL FEE			
				1		• •						
E 6-11-07	CLAIMS REMAINING - AFTER		HIGHEST NUMBER PREVIOUSLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL	·	RATE	ADDI- TIOMAL		
Total	AMENDMENT	Minus	PAID FOR	• 1		Ü	FEE			FEE		
C CO CFR LINCO	1	Minus	- 3	- \		X 8=	\	OR	× 4\			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						X		OR	X 8	\		
FREST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (57 CFR 1.16(0))						TOTAL	-	OR	TOTAL			
			•			ADD'L FEE		OR	ADD'L FEE			
	(Column 1)	,,	(Coturns 2)	(Column 3)								
S O	CLAIMS REMAINING . AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
S C Total	:	Minus	-	•		x s=		OR	x & •			
Total great tuton		Minus-	***	•		X 8		OR	×1			
FURST PRESENTATION OF MULTIPLE DEPENDENT CLASS (37 CFR 1.15(4))						+5		OR	+			
					•	TOTAL ADD'L FEE	•	OR	TOTAL ADD'L FEE			
* If the entry in cotumn 1 is less than the entry in column 2, write "O" to column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												
to compation of bull-		The impress number improved in the period of the period of the period of the appropriate box in column 1.										

This collection of information is required by 37 CFR 1,15. The information is required to obtain or retain a benefit by the public which is to tile (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1,14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. Time will very depending upon the including case. Any comments on the amount of time you require to complete this form and/or suggestions for resturing this bursts, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.